



**Los Angeles County Commission for Women (LACCW)
EVENT FUNDING REQUEST FORM**

All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request

Name of Commissioner(s)

Los Angeles County District

Ruth V. Creary

two

Amount Requesting: **\$250.00**

Purpose of Usage: 1 Ticket(s)
Donation
Other (specify) _____

Organization's Name: **Millennium Momentum Foundation**

Address: **5482 Wilshire Blvd., Ste. 115, LA 90036**
Street City Zip

Telephone Number: **323.939.9549** FAX Number: **323.939.5345**

Website Address: <http://www.millennium-momentum.org/> E-mail: info@millennium-momentum.org

Contact Person (Name and Position): **Jason Seward, Pres./Founder**

Event Information – Name, Time and Location:

Millennium Momentum Foundation, Inc. 8th Annual "Opening Doors Awards" Ceremony & Benefit Dinner - November 3, 2011, Reception: 6PM, Dinner: 7PM - Dorothy Chandler Pavilion, 135 N. Grand Ave., Los Angeles, CA 90012

Event Information – Purpose and Goals: (Event publicity materials may be included (optional))

"Millennium Momentum Foundation, Inc. is committed to increasing the number of students and young professionals from various ethnic backgrounds in public service related fields through education, mentoring, and leadership development training."

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Ages 18-30, Male and Female, All ethnicities, low income, all Districts of LA County - especially the 1st and 2nd Districts

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How will your attendance or donation to this event benefit the LACCW?

At this event, I will be talking to individuals about the great work of the Commission in hopes of getting financial support/contact info for the Commission. I will also take Nomination packets for Women of the Year Candidates to give to appropriate individuals/Corp. to nominate individuals worthy of the award.

Have you participated in this event before representing the LACCW?

No (☒), this is the first time.

Yes (☐), I have attended prior to this one. Year(s): _____

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: N/A

Second Occasion: _____

Please send this form to:

**Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012**

PH: 213-974-1455

FAX: 213-633-5102

E-mail: rrangel@bos.lacounty.gov

For CW Office Only:

	Date Received	Received By	Date of Review	Reviewed By
(Yes___) (No___) Place on Agenda				
	Reason for not placing on agenda			
	(Yes___) (No___) Action Taken	(Yes___) (No___) Notification Sent	Amount Approved	
Date of CW Board Meeting				

Reason for Rejection

Approved 9/13/10